

**Commonwealth of Virginia
Department of Housing and Community Development**

COMBINED APPLICATION

Fiscal Year 2009 (July 1, 2008 to June 30, 2009)
covering the following programs:

State Shelter Grant (SSG)
Emergency Shelter Grant (ESG)
Child Services Coordinator Grant (CSCG)
Child Care for Homeless Children Program (CCHCP)

Applications Must Be Received By:

5:00 PM Monday, April 28, 2008

**Department of Housing and Community Development
Division of Homeless and Special Needs Housing
The Jackson Center
501 North Second Street
Richmond, VA 23219-1321**

COMBINED APPLICATION

SSG, ESG, CSCG, CCHCP

Fiscal Year 2009

(July 1, 2008 to June 30, 2009)

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Applicants that have outstanding audit or monitoring findings, unresolved IRS findings, and/or applicants not in compliance with previous DHCD agreements are ineligible for funding. Please refer to the **Information and Instructions** Packet for further information regarding program eligibility and requirements, directions for completion of this document, and DHCD contact information for further assistance.

APPLICATION CHECKLIST
(Must be submitted with application)

Section	Description	Page Number(s)	Included	Not Applicable
1A	Applicant Information		<input type="checkbox"/>	
1B	Program Narrative		<input type="checkbox"/>	
1C	Facility Information		<input type="checkbox"/>	
2	State Shelter Grant and Emergency Shelter Grant Application		<input type="checkbox"/>	
3	Child Services Coordinator Grant Application		<input type="checkbox"/>	<input type="checkbox"/>
4	Child Care for Homeless Children Program Application		<input type="checkbox"/>	<input type="checkbox"/>
5	Supplemental Information: Organization's most recent audit report		<input type="checkbox"/>	
5	Supplemental Information: Copy of organization's 501 (c) 3 certification		<input type="checkbox"/>	<input type="checkbox"/>
5	Supplemental Information: Organization's most recent IRS Form 990 or 990EZ filed		<input type="checkbox"/>	<input type="checkbox"/>
5	Supplemental Information: Organization's annual budget for FY 08 and FY 09		<input type="checkbox"/>	
5	Supplemental Information: Organizational chart including all vacancies		<input type="checkbox"/>	
5	Supplemental Information: Position descriptions for all staff positions		<input type="checkbox"/>	
5	Supplemental Information: Any existing organizational or programmatic logic models		<input type="checkbox"/>	<input type="checkbox"/>
5	Supplemental Information: Current fire inspection for each facility to be assisted with funding from this application		<input type="checkbox"/>	
5	Supplemental Information: Brochures and pamphlets		<input type="checkbox"/>	
5	Supplemental Information: A current list of Board of Directors (<i>to include contact information</i>)		<input type="checkbox"/>	
6A	Attachment A: Review of Utilization (<i>only for agencies receiving funding in fiscal 2008</i>)		<input type="checkbox"/>	<input type="checkbox"/>
6B	Attachment B: Minimum Standards		<input type="checkbox"/>	
6C	Attachment C: Certification of Accuracy		<input type="checkbox"/>	
6D	Attachment D: Certifications & Assurances		<input type="checkbox"/>	
6E	Attachment E: Board Resolution for Nonprofit Applicants (<i>nonprofits only</i>)		<input type="checkbox"/>	<input type="checkbox"/>
6F	Attachment F: Governing Body Resolution for Local Governments (<i>local governments only</i>)		<input type="checkbox"/>	<input type="checkbox"/>

Applicant: _____

6G	Attachment G: Certification of Local Approval		<input type="checkbox"/>	
6H	Attachment H: CoC Participation (Note: new applicants must submit an additional letter of support)		<input type="checkbox"/>	
6I	Attachment I: Financial Management System Information		<input type="checkbox"/>	

SECTION 1: GENERAL INFORMATION

A. APPLICANT INFORMATION (All applicants must complete this section)
DHCD must be informed in writing of any changes to this information within 30 days of the change.

1. Legal Name of Applicant Organization: _____
2. Federal Identification Number: _____
2. Applicant Type (check one): ☐ Nonprofit ☐ Local Government
3. Mailing Address: _____

Telephone: _____

Website: _____

4. **Executive Director:** _____ Telephone: _____
E-mail address: _____ Fax: _____

Grant Contact Person:

Name: _____ Title: _____ Telephone: _____
E-mail address: _____ Fax: _____

Financial Contact Person:

Name: _____ Title: _____ Telephone: _____
E-mail address: _____ Fax: _____

5. List all cities and counties in your service area: _____

6. Does the organization impose requirements other than experiencing homelessness as criteria for receiving housing and services (i.e. victim of domestic violence, substance abuser, release from a correctional facility, previous residency status)?
☐ Yes ☐ No

If yes, provide an explanation of these requirements.

B. PROGRAM NARRATIVE

Responses to the following questions should be in 12 point Times New Roman font and no more than eight (8) pages, cumulatively.

A. Agency Mission Statement

Provide the agency's mission statement and when it was adapted by the Board of Directors.

B. Need

Describe the need of the community that the agency services.

C. Overview of Program Description

Describe the program(s) and services to be provided as well as who will be providing the services.

D. Specific Operational Description

1. Describe how clients are referred. What criteria are used in the screening process? Are criminal background and/or drug screenings conducted? If so, how is that information used? Is a "waiting list" system used; if yes, how is it used?
2. Describe how the intake process is conducted.
3. Describe the supportive services that are provided. How are clients' needs assessed? Are individualized case plans developed; if so, how? How often do case managers meet with clients? Describe the case review and/or case file review procedure. Describe what documentation is kept with regard to client services.
4. Describe the agency's community collaboration activities. Is the agency an active member of the locality's Continuum of Care? Are there other collaborative community groups in which the agency is an active participant? Describe any formal collaborative agreement(s) (memorandums of understanding, support, etc.) that the agency has with other community groups. How has service provision been enhanced by any or all of these collaborations?
5. If the agency is a nonprofit, describe the governance activities of the agency's Board of Directors. How often are board meetings? Are minutes kept? How often are agency finances reviewed? Does the agency have a recent strategic plan that was approved by the Board of Directors? Are there existing by-laws? When were they approved?

C. FACILITY INFORMATION

Complete the table on the following page (Facility Information) for each facility to be assisted with State Shelter Grant, Emergency Shelter Grant, Child Services Coordinator Grant, and/or Child Care for Homeless Children Program funds. **You must include the address of each facility. Please indicate if the location listed is confidential. DHCD will keep these addresses confidential.** Please attach additional copies of the table if needed. If a scattered site model is used, please include all addresses by locality.

FACILITY INFORMATION

Name of Facility	Street Address (Please indicate if this is a confidential location or address)	Location (indicate City, County or Town where facility is located, not mailing address)	Enter type of facility (see key below)	Populations served in facility (see key below)	Number of units (beds) *	Total number of beds used for homeless persons **	Program(s) for which funding is requested			
							SSG	ESG	CSCG	CCHCP
EXAMPLE: <i>ABC Shelter</i>	<i>101 Main St.</i>	<i>Anytown</i>	<i>ES</i>	<i>SPF UAW</i>	<i>5 (25)</i>	<i>50</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Indicate the number of rooms and the number of beds within those rooms that are reserved for family households or similar cohabitants. For example: If there are five rooms reserved for families with a total of 25 beds enter 5 (25).

** Indicate the total number of beds used for homeless persons to include the number of beds listed in the previous column. For example: If there are 25 beds for individuals and additionally 25 beds within 5 units enter 50.

KEY:

Enter type of facility using the following abbreviations

ES (*full-year emergency shelter*)

WS (*winter or seasonal emergency shelter*)

TH (*transitional housing*)

DS (*day shelter with no overnight accommodations*)

DVES (*full-year emergency shelter serving victims of domestic violence*)

Enter populations served in each facility using the following abbreviations

UAM (*Unaccompanied Adult Men*)

UMY (*Unaccompanied Male Youth*)

SPF (*Single-Parent Families*)

ACWC (*Adult Couples without Children*)

UAW (*Unaccompanied Adult Women*)

UFY (*Unaccompanied Female Youth*)

TPF (*Two Parent Families*)

OFC (*Other Family Composition*)

SECTION 2: STATE SHELTER GRANT (SSG) AND EMERGENCY SHELTER GRANT (ESG) APPLICATION

Please check which grant(s) the agency is applying for by marking one or both boxes:

☐ State Shelter Grant (SSG) ☐ Emergency Shelter Grant (ESG)*

**Applicants in the U. S. Department of Housing and Urban Development (HUD) designated entitlement cities of Norfolk, Richmond, Roanoke and Virginia Beach and entitlement counties of Fairfax and Prince William are not eligible for ESG funding.*

A. Full Year Emergency Shelter Programs (programs offered for up to 6 months)

(please complete domestic violence program section if those services are offered)

1. Total number of emergency shelter beds available for the homeless on **July 1, 2008** (*this number should match that on the facility section of the application*): _____
2. Total number of emergency shelter beds for which funding is requested in this application: _____
3. Provide a brief explanation if the total number of emergency beds available is different than the total number of emergency beds for which funding is requested in this application:
4. Total number of emergency beds funded for by DHCD's SSG/ESG programs in fiscal year 2008 (*established grantees see electronically transmitted Attachment A*): _____
5. What is the maximum number of days that clients are informed they are allowed to stay in emergency shelter? _____
6. What is the actual average length of stay for clients in emergency shelter? _____
7. Of the emergency shelter beds for which fiscal year 2009 funding is being requested in this application, do any of the following apply:
 - ✓ Section 8 Program rental subsidy? ☐ Yes ☐ No
 - ✓ Other rental subsidies that cover fair market rent costs for emergency shelter units?
☐ Yes ☐ No
 - ✓ Program fees or required donations? ☐ Yes ☐ No
 - ✓ The provision of beds for which third-party payments are received (with the exception of FEMA funds provided on a per bed basis)? This includes per diem payments from the Department of Social Services, the Department of Corrections and/or other state or federal agencies. ☐ Yes ☐ No
 - ✓ Unaccompanied minors who are not legally emancipated? ☐ Yes ☐ No
8. Organizations with a 10 percent or greater discrepancy (+ or -) in their utilization rates for fiscal year 2007 and fiscal year 2008 must provide a brief explanation (*refer to Attachment A for details - only for established programs*):

B. Full Year Emergency Domestic Violence Shelter Programs (emergency shelter programs offered for up to 6 months, that primarily serve domestic violence victims)

1. Total number of domestic violence shelter beds available for the homeless on **July 1, 2008** (*this number should match that on the facility section of the application*): _____
2. Total number of domestic violence shelter beds for which funding is requested in this application: _____
3. Provide a brief explanation if the total number of domestic violence shelter beds available is different than the total number of emergency beds for which funding is requested in this application: _____
4. Total number of domestic violence beds funded for by DHCD's SSG/ESG programs in fiscal year 2008 (*established grantees see electronically transmitted Attachment A*): _____
5. What is the maximum number of days that clients are informed they are allowed to stay in the domestic violence shelter? _____
6. What is the actual average length of stay for clients in the domestic violence shelter? _____
7. Of the emergency shelter beds for which fiscal year 2009 funding is being requested in this application, do any of the following apply:
 - ✓ Section 8 Program rental subsidy? ☐ Yes ☐ No
 - ✓ Other rental subsidies that cover fair market rent costs for domestic violence shelter units?
☐ Yes ☐ No
 - ✓ Program fees or required donations? ☐ Yes ☐ No
 - ✓ The provision of beds for which third-party payments are received (with the exception of FEMA funds provided on a per bed basis)? This includes per diem payments from the Department of Social Services, the Department of Corrections and/or other state or federal agencies.
☐ Yes ☐ No
 - ✓ Unaccompanied minors who are not legally emancipated ☐ Yes ☐ No
8. Organizations with a 10 percent or greater discrepancy (+ or -) in their utilization rates for fiscal year 2007 and fiscal year 2008 must provide a brief explanation (*refer to Attachment A for details - only for established programs*):

C. Transitional Housing Programs (*programs offered for up to 24 months*)

1. Total number of transitional housing beds available for the homeless on **July 1, 2008** (*this number should match that on the facility section of the application*): _____
2. Total number of transitional housing beds for which funding is requested for in this application: _____
3. Provide a brief explanation if the total number of transitional housing beds available is different than the total number of transitional housing beds for which funding is requested in this application:
4. Total number of transitional housing beds funded by DHCD's SSG/ESG programs in fiscal year 2008 (*established grantees see electronically transmitted Attachment A*): _____
5. What is the maximum length of time that clients are informed they are allowed to stay in transitional housing? _____
6. What is the actual average length of stay for clients in transitional housing? _____
7. What is the maximum number of days a client can stay in transitional housing? _____
8. Is there a transitional fee/ lease requirement? _____ Is so, what is it?
9. Is there a transitional living agreement signed by clients? _____
10. Is there a separate leasing contract signed by clients? _____
11. Of the transitional housing beds for which fiscal year 2009 funding is being requested, do any of the following apply:
 - ✓ Section 8 Program rental subsidy? ☐ Yes ☐ No
 - ✓ Other rental subsidies that cover total fair market rent costs for transitional units?
☐ Yes ☐ No
 - ✓ Program fees or leases that exceed 30 percent of client's gross income or that exceed 50 percent of the last year's total budget for the transitional housing program? ☐ Yes ☐ No
 - ✓ The provision of beds for which third-party payments are received (with the exception of FEMA funds provided on a per bed basis)? This includes per diem payments from the Department of Social Services, the Department of Corrections and/or other state or federal agencies.
☐ Yes ☐ No
 - ✓ Unaccompanied minors who are not legally emancipated? ☐ Yes ☐ No
12. Organizations with a 10 percent or greater discrepancy (+ or -) in their utilization rates for fiscal year 2007 and fiscal year 2008 must provide a brief explanation (*refer to Attachment A for details - only for established programs*):

D. Seasonal Shelter Programs (*thermal services offered seasonally*)

1. Number of months the facility will be used to house homeless persons in fiscal year 2009 (*July 1, 2008 through June 30, 2009*). If there are multiple facilities please indicate the number of months each will be used by location: _____
2. Total number of seasonal shelter beds available for the homeless on **July 1, 2008** (*this number should match that on the facility section of the application*): _____
3. Total number of seasonal shelter beds for which funding is requested for in this application: _____
4. Provide a brief explanation if the total number of seasonal shelter beds available is different than the total number of seasonal shelter beds for which funding is requested in this application:
5. Total number of seasonal shelter beds funded by DHCD's SSG/ESG programs in fiscal year 2008 (*established grantees see electronically transmitted Attachment A*): _____

E. Day Shelter Programs

1. Average daily attendance of homeless individuals during the four quarters of fiscal year 2007 (*July 1, 2006-June 30, 2007*) and the first two quarters of fiscal year 2008 (*July 1, 2007-December 31, 2007*): _____
2. Describe the methodology used to count and track the number of homeless individuals served in the facility daily, and the position responsible for ensuring an accurate count.
3. What method is used to verify the housing status or lack of housing of participants?

F. Delivery of Supportive Services

All SSG/ESG applicants **must** complete this section.

Check the service category which most accurately describes the services provided to the homeless clients in the facility. All services listed in the service description must be provided to meet that particular service level. For example: An applicant providing six of the eight services in the top service level (Intensive Case Management) does not meet the necessary criteria for that level and therefore should check the second level (Base Case Management). Services should be appropriate and adequate for the homeless populations served by the agency.

✓	Service Level	Service Description
	Intensive Case Management	<ul style="list-style-type: none"> • Homelessness documented and verified • Thorough client assessment • Detailed service plan developed • Weekly documented, face to face, meetings that review service plan • Advocacy and referrals to needed services • Group trainings/education • Case files kept with frequent and consistent notes on client progress, agencies referred, budgets • Formally trained case workers who receive on-going, documented, training on issues relevant to the client population *
	Basic Case Management	<ul style="list-style-type: none"> • Homelessness documented and verified • Basic, documented assessment • Basic, documented service plans • Regular, documented meetings with clients • Referrals to needed services • Group meetings • Case files kept with client information
	Information and Referrals	<ul style="list-style-type: none"> • Homelessness verified • Information and referrals made on an as-needed basis

- * Case workers must have a minimum of 20 hours of formal training, either through an institution of higher learning or recognized training classes or sessions in the last three years, on issues related to the homeless population and/or case management skills.

SECTION 3: CHILD SERVICES COORDINATOR GRANT (CSCG) APPLICATION

1. Did the agency receive CSCG funding for fiscal year 2007? ☐ Yes ☐ No
2. Did the agency receive CSCG funding for fiscal year 2008? ☐ Yes ☐ No
3. Statistical information based on the four quarters of fiscal 2007 (July 1, 2006-June 30, 2007) and the first two quarters of fiscal year 2008 (July1, 2007-December 31, 2007).

Total number of new children admitted (for emergency and DV shelters only)	
Average number of children in residence on a monthly basis (TH programs only)	

Narrative:

The response must be submitted in 12 point Times New Roman font and no longer than five (5) pages.

1. Describe how the agency's program(s) impacts children.
2. Explain the strategies that will be used to ensure all school aged children who enter the program during the school year are enrolled in school and how their school performance will be monitored.
3. Explain the agency's working relationship, if any, with the Project HOPE staff.
4. Explain the strategies that will be used to ensure all children will receive a health care assessment and referrals when necessary.
5. Explain the strategies that will be used to ensure all children over the age of five receive a mental health assessment and referrals if necessary.
6. Explain other services the agency intends to provide for children and their parent(s).
7. Explain how the Child Services Coordinator(s) will be supervised and how his/her performance monitored.
8. Explain what other agency or community resources will be used to enhance the work or provide salary support for the Child Services Coordinator.
9. Provide any additional information about the programs and services that will better explain the quality of care the children will receive.

SECTION 4: CHILD CARE FOR HOMELESS CHILDREN PROGRAM (CCHCP) APPLICATION

1. Does the shelter program impose a deadline for obtaining employment to continue residence in the facility: Yes ☐ No ☐
If "Yes", how much time is allowed for obtaining employment? _____
2. Does the facility provide on-site child care? Yes ☐ No ☐
If "Yes", is the child care center licensed by the state? Yes ☐ No ☐
Are parents required to use the on-site child care? Yes ☐ No ☐
3. Please provide the name and telephone number, including area code, of your contact for child care activities at the local department of social services: _____
4. Statistical information based on the four quarters of FY 2007 (July 1, 2006-June 30, 2008) and the first two quarters of fiscal year 2008 (July 1, 2007- June 30, 2008)

Total number of children served (birth – 12)	
Number of children ages birth – 4 years of age (pre-school)	
Number of children ages 5 – 12	

Narrative

Response should be submitted in 12 point Times New Roman font and no longer than three (3) pages, cumulatively.

- 1) List the ways child care is provided (please answer for each type of shelter facility).
- 2) What is the process for referrals to off-site child care? (Please answer for each type of shelter facility)?
- 3) Describe how the assistance will be made available to the parents.
- 4) Describe how the funds will be managed and who will be responsible for disbursing them.
- 5) Describe the agency's working relationship with the local DSS staff and eligible child care provider staff.

SECTION 5: SUPPLEMENTAL INFORMATION

Please provide the following supplements:

- The organization's most recent audit report or review of records
- A copy of the organization's 501 (c) 3 certification
- The organization's most recent IRS Form 990 or 990EZ filed (not required for national nonprofits)
- The organization's annual budget for FY 08 and FY 09 (if available)
- An organizational chart including all vacancies
- Position descriptions for all staff positions
- Any existing organizational or programmatic logic models
- A current fire inspection for each facility for which funding is requested
- Directions to the agency's administrative offices
- Any brochures, pamphlets or other marketing materials used by the organization
- A current list of the Board of Directors

SECTION 6: ATTACHMENTS

All applicants must submit Attachments B, C, D, H and I. Nonprofits must also submit Attachment E and G. Local governments must also submit Attachment F. Agencies that received FY 08 SSG and/or ESG funding from DHCD must submit Attachment A.

- Attachment A: Utilization Review*
- Attachment B: Minimum Standards
- Attachment C: Certification of Accuracy
- Attachment D: Certifications and Assurances
- Attachment E: Board Resolution for Nonprofit Applicants
- Attachment F: Governing Body Resolution for Local Governments
- Attachment G: Certification of Local Approval for Nonprofit Applicants
- Attachment H: Active Participation in Local Continuum of Care Planning Group Assurance
- Attachment I: Financial Management System Information

** Only for FY 08 shelter grant recipients~ electronically released.*

ATTACHMENT B**Emergency Shelter and Transitional Housing Programs – Minimum Standards****A. DOCUMENTATION**

	Standard
A 1	The agency has formal by-laws that have been reviewed and approved by the Board of Directors within the last three years.
A 2	The agency has a written Conflict of Interest Policy that addresses conflicts of interest that involve members of the Board of Directors and all employees and volunteers of the agency.
A 3	The agency has written guidelines that are shared with all clients on its policies and rules regarding: <ul style="list-style-type: none"> • confidentiality • client rights and responsibilities • fee structure (if applicable) • payment guidelines (if applicable) • hours of operation • eligibility criteria

B. THE BOARD OF DIRECTORS

	Standard
B 1	The Board is responsible for the selection and annual performance review of the chief administrative officer.
B 2	The Board meets at least four (4) times annually and minutes of all meetings are kept.
B 3	The Board has approved an appropriate structure for fiscal management and responsibility.
B 4	The agency adheres to a written policy that ensures continuity, change in board membership and diversity of board members.
B 5	Each new board member receives orientation.
B 6	A Board needs assessment is conducted yearly and training provided that addresses the Board's needs.
B 7	The Board has a committee structure that specifies the purpose and composition, including but not limited to a finance committee.

C. STRATEGIC PLANNING

	Standard
C 1	The Strategic Plan has been developed in partnership with the Board and key staff people and is reviewed at least every three years.
C 2	A Work Plan including measurable goals, target dates and responsible parties has been developed and is reviewed at least annually by the Board.

D. FISCAL MANAGEMENT

	Standard
D1	The agency financial reports comparing budgeted versus actual balances should be provided to the Board at least quarterly.
D2	The agency has sufficient cash to meet current obligations and has developed contingency plans to cover unexpected shortfalls in revenues and for redistribution of services if unexpected funding cutbacks should occur.
D3	The agency receives a prompt audit (within six months of the fiscal year-end) conforming to GAAP (Generally Accepted Accounting Practices) standards and including a balance sheet and operating statement setting forth the agency's financial condition.
D4	The audit and assessment letter are reviewed by the Board and any needed corrective action is formally enacted and followed to completion.
D5	The agency develops and, with the help of a risk-management expert (insurance expert), assesses its policies, procedures and practices at least every two years, to identify and manage situations and conditions that might place undue risk on the agency.
D6	The agency adheres to established comprehensive written internal fiscal control policies and procedures that contain a procurement policy.

E. FUND DEVELOPMENT

	Standard
E1	The fund development plan has specific goals for various categories of funding (e.g., corporate giving, agency Board of Directors giving, grants, government contracts, special events, direct mail, planned giving, etc.) which include objectives and assignment of responsibility.
E2	The agency makes every effort to access and develop several different streams of funding to provide a stronger more secure base for funding the agency.

F. MARKETING AND PUBLIC RELATIONS

	Standard
F1	The agency has a marketing/public relations plan.
F2	The agency has a policy regarding confidentiality and protection of consumer privacy, including consumer's written permission of release of information before the consumer can be presented in any manner to the public for marketing purposes.

G. COMMUNITY RELATIONS AND COLLABORATION

	Standard
G1	The agency has positive working relationships with other homeless service agencies in the community.
G2	The agency has worked with neighborhood stakeholders in a good faith effort to develop a partnership with neighbors, neighborhood agencies, businesses and other groups.

H. PERSONNEL POLICIES, STAFF RELATIONS AND VOLUNTEER USE

	Standard
H1	The agency has a Personnel Policies Manual that is approved by the Board of Directors and is reviewed at least every three years.
H2	The manual must include personnel policies that address: <ul style="list-style-type: none"> • job descriptions for all positions including designated supervisor • annual performance evaluations for all staff, including the Executive Director • compensation and benefits plan • grievance procedure for staff and volunteers • conflict of interest and nepotism policy
H3	Professional development opportunities, either internal or external, are available to all staff every year.
H4	Each employee receives a copy of the policies, a job description, attendance and compensation information upon beginning employment.
H5	If volunteers are used, the agency must have a current volunteer training manual, a formal process for orientation and training for the task to be performed.

I. PROGRAM CRITERIA

	Standard
I1	The agency has written client admissions policies which are posted or otherwise made known to clients and include re-entry policies and procedures. The agency can make its own rules about the right to leave and return to the facility, but these rules cannot be intended to unfairly discriminate against clients.
I2	The hours of operation are clearly posted.
I3	Reasonable efforts will be made to accommodate an applicant with a disability. If the program is not able to accommodate the applicant, referral to another appropriate program should be made.
I4	The agency has a process for distributing and otherwise making known rules, regulations, disciplinary procedures and termination/suspension policies. <ul style="list-style-type: none"> • There are written guidelines that are posted or that clients have been made aware of that describe unacceptable behaviors, such as violence, theft and any other activities that are against the law. • Consequences of rules violations are clearly stated and consistently enforced.
I5	The agency has a process for posting, reading and otherwise making known, the rights and responsibilities of residents that include a grievance policy for addressing alleged violations of clients' rights. Reasonable efforts shall be made to ensure that all residents, regardless of language barriers, understand their rights and responsibilities.
I6	There is evidence that the governing board or its agent, collects, evaluates and analyzes all grievances so that trends and patterns can be noted and corrections can be made.

I7	<p>The agency shall provide or arrange for food service or make known available services nearby.</p> <ul style="list-style-type: none"> • At sites where clients prepare their own food, clients have access to a kitchen. Food and other necessary supplies are provided on an as needed basis. • At sites where food is prepared for clients, the staff is knowledgeable in nutrition and sanitary food handling and safe food storage. <p>The agency makes a reasonable effort to meet medically and culturally appropriate dietary needs of residents.</p>
I8	If the agency holds funds or possessions on behalf of clients, the funds or possessions shall be returned upon request within two (2) business days of the client's request.
I9	The agency provides reasonable access to a public or private telephone for use by facility clients or residents.
I10	The agency has a written policy outlining the procedure related to consent for search when there is reasonable evidence of danger to self and others or of criminal activity.
I11	Services for basic human needs cannot be denied if a client is unable to pay. Fees for some services may be required as part of a program, especially in long-term transitional programs. Fees for additional services must be reasonable and just.
I12	<p>The agency provides support services or makes referrals to appropriate support services such as:</p> <ul style="list-style-type: none"> • case management • assistance with employment opportunities • education and training • medical and mental health services • transportation services • alcohol and drug treatment programs • assistance to secure long-term housing • material assistance programs • adult/children protective services • basic financial planning
I13	The agency has a written process for evaluating the program outcomes so that information gained from the evaluation leads to modifications, changes or new programs that will improve or enhance the services offered and the services delivered.
I14	<p>The agency has a written procedure and can provide evidence that the procedure is being followed regarding:</p> <ul style="list-style-type: none"> • possession and use of controlled substances • prescription medication

J. STAFFING

	Standard
J1	The agency has an organizational chart of the paid staff including written job descriptions, roles and responsibilities.
J2	The agency has an appropriate number of paid and/or volunteer agency staff for the number of clients served so that goals and objectives of quality service delivery to clients can be achieved.
J3	Daily logs are kept documenting shift activities, special instructions and accounts of unusual or special situations. There is evidence, such as initialing, that the logs are reviewed by staff.
J4	At least one staff person is available at all times with verifiable training in emergency first aid, emergency evacuation and CPR procedures.
J5	<p>The agency will ensure that all appropriate staff members receive training in the following areas:</p> <ul style="list-style-type: none"> • universal precautions for handling body fluids • TB protocol • emergency evacuation procedures • CPR, First Aid procedures • agency operating procedures • non-violent crisis intervention techniques • community resources and social services programs • ethical client practices • recognition of elder and child abuse <p>Documentation is maintained that shows that employees' training is current or is scheduled to be completed within the new employee's first year.</p>

K. ADMINISTRATION

	Standard
K1	<p>The agency has established a data collection system which includes:</p> <ul style="list-style-type: none"> • participation with the local CoC HMIS initiative; • implementation of an intake and client record keeping procedure that includes intake interviews and records of services provided; and • a listing of each person residing in/or receiving services at each facility with the dates and types of services provided <p>In addition:</p> <ul style="list-style-type: none"> • Files containing client information are in a secure location and locked (or capable of being locked) to maintain confidentiality. Signed consent forms are included in the files. • Records of accountability for any money management/payee programs, clients' funds or possessions are turned over for safekeeping.

K2	A written policy concerning the release form that clients would sign to receive services at another agency should be part of the orientation procedures for clients and for staff.
K3	The agency has a written policy and procedure for the length of time client files are retained and a procedure for destruction of files after the designated period of time.

L. FACILITIES CRITERIA

	Standard
L 1	The facility housing clients must be kept in a sanitary condition. There is a written housekeeping plan and evidence that it is being implemented.
L 2	There is a process for providing clean sheets, blankets and a towel for each client.
L 3	There is evidence of adequate provision of pest control.
L 4	The general appearance of the building is well maintained. Facilities are in good repair. Windows and doors operate properly and are not broken. The facility is in a fit and habitable condition.
L 5	Restroom facilities include showers/baths, wash basins and toilets with handicapped accommodations. There is warm and cold running water. Facilities are clean and in good working order. In individual apartment units there is at least one toilet, washbasin and shower/tub per unit.
L 7	There is adequate natural or artificial illumination to permit normal indoor activities, including reading small print where posted.
L 8	In facilities housing children, testing for lead has been done and necessary remediation has taken place in accordance with applicable law.
L 9	There is evidence that radon testing has been done and necessary corrections made.
L10	Hallways, stairwells and exits are well lit and there are back-up batteries for exit lights. There are exit signs with arrows clearly visible.
L11	Exits, steps and walkways are clear of debris, ice, snow and other hazards. There is a process in place and utilized to maintain clear walkways. Exits are clearly marked and not blocked. All steps have handrails as required by applicable codes. Steps have treads or similar accommodation to prevent slipping.
L12	First aid is complete and accessible to staff. In congregate units, a first aid kit with sufficient supplies to handle multiple occurrences is kept in a well-known accessible place.
L13	The facility has written plans for identification, treatment and control of medical and health conditions (contagious diseases, body infestations) which implement Universal Precaution Procedures as required by OSHA standards. There is evidence that TB protocol is used. Staff members are trained in the implementation of disease prevention protocols.

L14	<p>There is a fire safety plan.</p> <ul style="list-style-type: none"> a. In congregate shelters, there are records of an annual fire inspection, a posted evacuation plan and an adequate fire detection system, regular fire drills and adequate fire extinguishers. b. The facility has documentation that employees are trained in fire safety procedures, including the use of fire extinguishers. c. In independent units, there are working smoke detectors and posted evacuation plans. <p>In multiple units with common entrances, there is record of an annual fire inspection.</p>
L15	The facility has a written policy, posted in a manner that will communicate to the greatest number of residents possible, prohibiting the possession of weapons and there is evidence that the policy is implemented
L16	If the facility provides meals, it makes adequate provisions for the safe storage of foods.
L17	There have been Phase I Environmental Studies done for all newly acquired property.
L18	Residential facilities should have a written procedure that assures the safety and security of residents and staff and their possessions.
L20	Phones are readily accessible for any emergency call.
L21	The physical layout of the facility provides separate living, dining and sleeping facilities.
L22	The size and design of the facility is compatible with the program and the number to be served.
L23	Privacy is assured for bathing and toilet facilities and available for male and female use.
L24	There is an adequate supply of bed linens, towels, washcloths, blankets and water resistant mattress covers for each occupant.
L25	Private offices or rooms are available to staff for interviews, counseling sessions, examinations and treatment.

M. SHELTER ENVIRONMENT AND RELATIONSHIPS

	Standard
M1	Each agency establishes and disseminates a clients' bill of rights.
M2	The agency has a written procedure for applicants and clients to lodge complaints or appeals when decisions concerning them or services provided them are considered unsatisfactory.
M3	The agency is guided by the belief that all persons served by its facilities have a right to protection from physical abuse, inhumane treatment, and all forms of sexual abuse and exploitation.

N. ESSENTIAL SERVICES

	Standard
N 1	The agency develops a resource and referral list and updates the list annually. The referral list shall include referrals to all local community services.
N 2	Within 12 hours of entering shelter, agency staff make contact with client, conduct a needs assessment and begin developing an action plan to enable client to become permanently housed.
N 3	When appropriate, observe child and child/parent interactions for signs of child abuse and/or neglect and report to Child Protective Services as necessary.
N 4	Develop a client file and document the provision of essential services and other important information.
N 5	Agency staff provide in-person crisis intervention, including supportive counseling and advocacy services when necessary
N 6	Within 48 hours establish a plan for regular face-to-face supportive counseling and case management services
N 7	Agency staff provide or make referrals to appropriate education/support groups. Provide and/or coordinate access to agency and community services to meet the individual's identified needs.
N 8	Discuss client needs and coordinate service delivery at the direct service staff case management meetings.
N 9	Develop and maintain a formal process for terminating assistance to an individual or family. At a minimum, there must be an appeals procedure with one level of administrative review for clients who are evicted or refused service from the facility <u>for any reason</u> .
N 10	Clients must be informed in writing of the appeals procedure at intake.

I have read and understand the Minimum Standards provided by DHCD as guidelines in providing emergency shelter and transitional housing programs.

Signature of Authorized Staff Representative

Date

Title (*print or type*)

Name of Organization (*print or type*)

Signature of Authorized Board Representative

Date

Title (*print or type*)

ATTACHMENT C

Certification of Accuracy

I, _____
(enter name and title)

Duly authorized to act on the behalf of:

(enter agency name)

Certify that by signing this document:

- 1. I have read and understand the Application for Fiscal Year 2009 Funding and have answered the questions to the best of my ability.*
- 2. I understand that any deliberate falsehoods made in the application or in any additional reports to DHCD can result in the termination of funding.*
- 3. I agree to submit all Quarterly Reports in a timely manner. I understand the due dates are:*
 - Quarter 1: October 10, 2008*
 - Quarter 2: January 10, 2009*
 - Quarter 3: April 10, 2009*
 - Quarter 4: July 10, 2009*

Signature of Authorized Representative

Date

Title (print or type)

Name of Organization (print or type)

ATTACHMENT D**CERTIFICATIONS AND ASSURANCES**

I, _____ (enter name), authorized representative of _____ (enter name of organization) on behalf of the organization do hereby certify that, if an award is received, the organization will conform to all programmatic regulations, guidelines and requirements set forth in the application for fiscal year 2009 funding, in grant agreements, and in operations manuals while conducting grant activities for the programs funded.

To this end, I certify/assure the following:

1. Buildings/structures rehabilitated or physically improved with grant funds, if allowable under the program guidelines, will remain in use as homeless facilities for a period of at least five years;
2. All services/programs supported by grant funds will be delivered on a non-discriminatory basis consistent with the Fair Housing Act of 1988 and the Virginia Fair Housing Law;
3. The facility(s) is ☐ is not ☐ (check one) owned by a church or other primarily religious organization, and if the organization is operating in a facility owned by a religious organization, the funds will not be used for physical improvements to the building/structure;
4. The organization will provide all activities under the program(s) in a manner that is free from religious influence;
5. The organization does ☐ /does not ☐ (check one) require a fee or donation as a condition for receiving emergency shelter or related services;
6. The organization operates in a facility that is in compliance with applicable state and local health, building, and fire safety codes, meeting the U. S. Department of Housing and Urban Development's Housing Quality Standards and Habitability Standards as a minimum, or agrees to make necessary improvements/repairs for code compliance;
7. The organization shall maintain and operate under a standardized set of procurement procedures designed to assure efficient and proper expenditure of grant funds;
8. The organization will administer a policy to ensure each homeless facility is free from the illegal use, possession or distribution of drugs or alcohol by its employees and/or beneficiaries;
9. The organization will maintain and operate under a standardized conflict of interest procedure for employees and members of the board;
10. The organization will insure the confidentiality of victims of domestic violence;
11. The organization will operate under internal financial controls approved by DHCD;
12. The organization (unless a unit of local government) was incorporated under Virginia law on _____; and
13. The organization (unless a unit of local government) has received Federal tax-exempt status under Section 501 (c) of the U. S. Internal Revenue Code.

Signature of Authorized Representative

Date

Title of Authorized Representative (print or type)

ATTACHMENT E**BOARD RESOLUTION FOR NONPROFIT APPLICANTS**

- I. WHEREAS, the Commonwealth of Virginia, Department of Housing and Community Development, has issued a Notice of Funding Availability and requested applications under the Application for Fiscal Year 2009 Funding.
- II. WHEREAS, assistance is needed to effectively and adequately address the needs of homeless persons, including families, individuals, and/or children, to be served by _____ (*enter name of organization*) in our service area(s) of (*list all jurisdictions in service area*) _____
- III. WHEREAS, an application for a grant(s) under the Combined Application for fiscal year 2009 funding has been prepared.
- IV. WHEREAS, _____ (*enter name of organization*) agrees, if an award is received, to provide coordination of safe and sanitary shelter and/or supportive services to homeless persons in conformance with the regulations and guidelines of any program(s) funded.
- V. WHEREAS, _____ (*enter name and title*) may act on behalf of _____ (*enter name of organization*) and will sign all necessary documents required to complete the grant transaction.
- VI. WHEREAS, any required match under the program guidelines will be provided.
- VII. NOW, THEREFORE, BE IT RESOLVED THAT the Board of Directors of _____ (*enter name of organization*) hereby authorizes _____ (*enter name*) to apply for and accept a grant award under the programs indicated above (see IV) and enter into a Grant Agreement with the Department of Housing and Community Development and perform any and all actions and responsibilities in relation to such Agreement.

Signature of Authorized Board Member_____
Date_____
Name and Title of Authorized Board Member (*print or type*)

ATTACHMENT F

GOVERNING BODY RESOLUTION FOR LOCAL GOVERNMENTS

- I. WHEREAS, the Commonwealth of Virginia, Department of Housing and Community Development, has issued a Notice of Funding Availability and requested applications under the Application for Fiscal Year 2009 Funding.
- II. WHEREAS, assistance is needed to effectively and adequately address the needs of homeless persons, including families, individuals, and/or children in _____ (enter name of locality).
- III. WHEREAS, an application for a grant(s) under the Application for fiscal year 2009 funding has been prepared.
- IV. WHEREAS, _____ (enter name of unit of local government) agrees, if an award is received, to provide coordination of safe and sanitary shelter and/or supportive services to homeless persons in conformance with the regulations and guidelines of any program(s) funded.
- V. WHEREAS, _____ (enter name and title) may act on behalf of _____ (enter name of unit of local government) and will sign all necessary documents required to complete the grant transaction.
- VI. WHEREAS, any required match under the program guidelines will be provided.
- VII. NOW, THEREFORE, BE IT RESOLVED THAT the Board of Supervisors, City Council, or other authorizing governmental body of _____ (enter name of locality) hereby authorizes _____ (enter name) to apply for and accept a grant award under the programs indicated above (see IV.) and enter into a Grant Agreement with the Department of Housing and Community Development and perform any and all actions and responsibilities in relation to such Agreement.

Signature of Authorized Local Government Official

Date

Name and Title of Authorized Local Government Official (*print or type*)

CERTIFICATION OF LOCAL APPROVAL FOR NONPROFIT APPLICANTS

I, _____(*enter name and title*), duly authorized to act on behalf of (*enter name of jurisdiction*) _____ hereby approve the following project(s) proposed by (*enter name of nonprofit organization*) _____ which is (are) located in (*enter name of all applicable jurisdictions*) _____

Signature of Authorized Local Government Official

Date

Name and Title of Authorized Local Government Official

Applicant: _____

ATTACHMENT H – To be completed by the Continuum of Care Chairperson (Note: New applicants are required to have an additional letter of support.)

Active Participation in Local Continuum of Care Planning Group Assurances

DHCD considers the following to be a working definition: An “active member agency/ organization/service provider” of a local Continuum of Care (CoC) is one that attends at least 51 percent of the overall CoC meetings, serves on at least one committee and contributes work hours and staffing in the CoC application process by writing sections, proof reading, and/or researching, etc.

DHCD acknowledges that Continua of Care are unique organizations, specifically tailored to fit the needs and available resources within a community. For this reason, if the local CoC uses a different definition to describe “active member agency/organization”, please enter it in the box provided and describe how the organization works within that framework:

Applicant Information:

Name: _____ Address: _____

Continuum of Care Group:

My signature below attests that this agency/organization:

- 1. Is an active participant, of the above named Continuum of Care, according to DHCD’s working definition or another stated definition:**

☐ Yes

☐ No

If no, please provide an explanation:

- 2. Is filling a gap, or the lack of this established program, would cause hardship for homeless individuals and/or families, in our community’s continuum of services by providing services and/or shelter through their programs**

☐ Yes

☐ No

Signature of Continuum of Care Chairperson

Date

Printed Name, Title

Agency

ATTACHMENT I**Financial Management System Information**

Information must be completed by all applicants.

1. Does the organization provide its own financial accounting? ☐ Yes ☐ No
If no, who provides the organization's financial accounting? _____
2. In the financial accounting system, are the following books of account used?

A. General Ledger	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. Cash Disbursements (Check Register)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C. Cash Receipts (Deposits Received)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D. Fixed Asset	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E. Are financial records maintained by computer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, provide answers to the following:
 What accounting software is used? _____
 Who has access to accounting records? _____
 Are passwords used to access records? _____
 Is there an off-site back-up system? _____
3. List the title of the staff person responsible for the following tasks

A. Opens mail: _____
B. Deposits checks/funds: _____
C. Reconciles checkbook with bank statement: _____
D. Posts cash receipts: _____
4. Do checks require two signatures? ☐ Yes ☐ No
If yes, is there a threshold amount required? ____No, all checks require two signatures ____Yes, all checks over \$_____ require two signatures.
Whose signatures are required? (Titles) _____
5. Are individuals who handle the organization's funds bonded? ☐ Yes ☐ No
6. How many years are records retained? _____
7. Is an annual audit completed by an independent accounting firm? ☐ Yes ☐ No
If no, how often is an audit completed or what other methods are used to ensure fiscal accountability? _____
8. What percentage of the overall budget for homeless programs was from DHCD grants for fiscal year 2008?